

CHAPTER 1 SECTION 5.2

SKILLED NURSING FACILITY VISITS

Issue Date: March 3, 1992

Authority: [32 CFR 199.4\(c\)\(2\)\(iii\)](#)

I. PROCEDURE CODE RANGE

99301 - 99313

Effective January 1, 1992, the American Medical Association Current Procedural Terminology (CPT) evaluation and management service codes (i.e., visit codes) were revised. The former CPT 90000 series codes were replaced by a new CPT 99000 series. These new codes were adopted for claims processing for claims submitted on or after January 1, 1992.

II. POLICY

A. Visits to a skilled nursing facility are covered when provided by an individual professional provider for the diagnosis or treatment of a specific illness or condition or set of symptoms. Visits are classified according to the following conditions:

1. Approach and detail of the medical history;
2. Extent of the examination;
3. Complexity of the decision making process;
4. Condition of the patient; and
5. Time spent in direct professional care of the patient.

B. Visits are also classified according to whether the visit is the initial visit to that patient at the skilled nursing facility, or is a follow-up (subsequent) visit. Only one initial visit to a patient by a provider is covered.

C. If the claim does not specify the level of the visit, the service will be processed and paid under CPT procedure code 99301 for an initial visit and 99311 for a follow-up visit. If the claim does not specify whether the visit is an initial visit or a follow-up visit, it will be assumed to be a follow-up visit.

D. All evaluation and management services provided by a physician in conjunction with a nursing facility admission are considered part of the initial nursing facility care when

performed on the same date as the admission; e.g., a patient is admitted to a nursing facility after being treated and/or evaluated in a physician's office or hospital emergency room.

E. With the exception of hospital discharge services, evaluation and management services provided on the same date at sites other than the nursing facility are an integral part of initial inpatient care and as such should not be reported separately.

F. Hospital discharge services may be reported separately.

III. POLICY CONSIDERATIONS

A. Initial skilled nursing facility care of a patient transferred from a hospital by the same physician on the day of hospital discharge is payable only if no hospital visit was billed for the final day of hospitalization.

B. If a hospital visit was not billed for the final day, the initial skilled nursing facility visit will be processed and paid under CPT procedure code 99301.

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